Docket No.: 107587

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name

first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: PHARMACEUTICAL COMPOSITION COMPRISING FACTOR
VIII AND NEUTRAL LIPOSOMES

described and claimed in international application number PCT/IL99/00217 filed April 23, 1999.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Israel Patent Application No. IL 124224 filed April 27, 1998

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten F of Sole or Firs			Moshe		BARU
2	Inventor's Signature			Given Name Middle Initial Aoshe Barn		Family Name
3	Date of Signature		11	1	2600	
	Residence:			Month	Day	Year Israel
	Citizenship:	Israeli	City Israeli		State or Province	Country
	Post Office Address:			Hahadarim Street		
	(Insert complete mailing address, including country)		Pardes Hana	37012 Israel		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Liliana		BAR
2	Inventor's Signature:	Given Name	Middle Initial	Family Name
	•	ICAUS MAJO	09	20 0°
3	Date of Signature:	November Month	Day	Year
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	Citizenship: Israeli			
	Post Office Address:	49/13 Menucha VeNachi	a	
	(Insert complete mailing address, including country)	Rehovot 76247 Israel		
1	Typewritten Full Name			
	of Joint Inventor	Israel		NUR
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3	Date of Signature:	MYEMBER	J 09	2000
	Residence:	Month .	Day	Year Israel
	Citizenship: Israeli	City	State or Province	Country
	• —————	Moshav Timurim No. 27	7	
	Post Office Address: (Insert complete mailing	Wosnav Timurim No. 27		
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1	Typewritten Full Name of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
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	Residence:			
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1	Typewritten Full Name		#	
	of Joint Inventor	Given Name	Middle Initial	Family Name
2	Inventor's Signature:			·····
3	Date of Signature:	Month	Day	Year
	Residence:			
	Citizenship:	City	State or Province	Country
	Post Office Address:			
	(Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.